American Journal of Public Health

Reviewer: Abdoler

Title: Autonomy, Paternalism, and Justice: Ethical Priorities in Public Health

First Author: Buchanan, D

Citation: American Journal of Public Health 2008; 98: 15-21

Summary: The broad focus of this article is to argue that public health ethics needs to shift focus from questions of paternalism to questions of societal justice. The author claims that the justification for paternalistic public health interventions when dealing when chronic, rather than infectious, disease is “morally tenuous”; instead, he believes that efforts should be made to promote individual autonomy (which he calls a major determinant of health). Further, the author describes what he calls the “Justice Project,” a plan for engaging community members in defining and describing a “just society.” Key questions the author thinks should be addressed by such a project include those relating to the impact and unfairness of social inequalities, identification of valuable “capabilities,” and the extent to which individuals are responsible for their own unhealthy behaviors and decisions.

Reviewer: Abdoler

Title: Indigenous Ways of Knowing: Implications for Participatory Research and Community

First Author: Cochran, Patricia

Citation: American Journal of Public Health 2008; 98: 22-27

Summary: In this article, the authors discuss the importance of recognizing and incorporating indigenous ways of knowing into participatory research with indigenous communities. In doing so, they both describe past research harms that have led to indigenous distrust of the research enterprise and also detail current exemplary models of community partnerships (Alaska Native Science Commission and Canadian Institutes of Health Research). In addition to highlighting the need to allow indigenous communities to set their own research agendas and standards for ethical research, the authors briefly call attention to issues of responsiveness and intellectual property rights (among other topics that require further discussion).

Reviewer: Abdoler

Title: Too Poor to Leave, Too Rich to Stay: Developmental and Global Health Correlates of Physician Migration to the United States, Canada, Australia, and the United Kingdom

First Author: Arah, O.

Citation: American Journal of Public Health 2008; 98: 148-154

Summary: In this article, the authors report a detailed statistical analysis of the physican and nurse "brain drain." Surprisingly, they find that

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Archives of Internal Medicine

Reviewer: Lev

Title: Exceptional Longevity in Men: Modifiable Factors Associated With Survival and Function to Age 90 Years

First Author: Yates, LB, Gaziano, JM

Citation: Archives of Internal Medicine 2008; 168: 284-290

Summary: A cohort of healthy male physicians with a mean age of 72 years was followed for 25 years to ascertain determinants of survival to age 90 years. The probability of a 72-year-old to reach age 90 years was 54% in the absence of 5 key adverse factors of smoking, diabetes, obesity, hypertension, and sedentary lifestyle. With all 5 factors present the probability dropped to 4%. Regular exercise was associated with significantly better—and smoking and overweight with significantly worse—late-life physical function. Smoking also was associated with a significant decrement in mental function. Modifiable healthy behaviors during early elderly years, including smoking abstinence, weight management, blood pressure control, and regular exercise, are associated not only with enhanced life span in men but also with good health and function during older age.

Reviewer: lev

Title: Antibiotic Therapy in the Demented Elderly Population: Redefining the Ethical Dilemma

First Author: Schwaber, MJ

Citation: Archives of Internal Medicine 2008; 168: 349-350

Summary: The authors ask whether the extensive use of antibiotics in elderly nursing home residents with advanced dementia is appropriate, taking 2 factors into consideration: the benefit to the patient treated and the risk imposed on other patients. They suggest that it is not straight forward that such patients should get antibiotics rather than other comforting measures. Antibiotics do not enhance their quality of life.

British Medical Journal

Reviewer: Sachs, Ben

Title: Competition in a publicly funded healthcare system

First Author: Woolhandler, S

Citation: British Medical Journal 2007; 335: 1126-1129

Summary: With some in Britain pushing for market-based reforms of the National Health Service, Woolhandler and Himmelstein offer this warning, "The poor performance of US health care is directly attributable to reliance on market mechanisms and for-profit firms and should warn other nations from this path."

Reviewer: Sachs, Ben

Title: Value based pricing for NHS drugs: an opportunity not to be missed?

First Author: Claxton, Karl

Citation: British Medical Journal 2008; 336: 251-254

Summary: The UK's National Health Service has announced its intention to abandon its old way of deciding how much to pay for pharmaceuticals and instead set prices for drugs based on their health benefits. The authors of this article recommend a specific way of doing that: value-based pricing.

The idea would be for the NHS to set a cost/benefit threshold above which drugs will not be purchased. Building on work done by the National Institute for Health and Clinical Excellence (NICE), the authors recommend setting the threshold at 20-30,000 pounds per incremental QALY (that is, however many additional QALYs this drug delivers when compared to the next-best drug). So, for instance, if drug X costs 40,000 pounds per incremental QALY, the NHS would not buy it. If the drug costs 15,000 pounds per incremental QALY, the NHS would buy it AT EXACTLY THAT PRICE.

One complication here is what to do about drugs whose cost per QALY varies by patient subgroup, but for each subgroup falls below the threshold. The authors leave it open as to whether the NHS should purchase the drug and restrict its use to the most patient subgroup that will use it most efficiently (i.e., get the most QALYs out of it), or allow its use for all subgroups. They do insist, however, that should the NHS choose the latter option, that the price of the drug be set according to the least efficient permitted use of it.

Reviewer: Sachs, Ben

Title: Presumed Consent for Organ Donation

First Author: Hamm, Danielle

Citation: British Medical Journal 2008; 336: 230-230

Summary: With the UK Organ Donation Task Force poised to weigh in on the issue this summer, the BMJ's editorial board has adopted a "pro" stance on presumed consent for organ donation. Specifically, it advocates a "soft" system, in which relatives of the recently deceased are offered the chance to opt out on their behalf, opting oneself out is "easy and accessible," and extra protections are put in place for vulnerable groups. The authors believe that presumed consent will save lives, make it easier for people to have their wishes respected, and ease some of the burden on grieving family members.

Reviewer: Persad

Title: International migration of doctors from developing countries: need to follow the Commonwealth Code

First Author: Gadit, Amin A Muhammad

Citation: British Medical Journal 2008; 34: 67-68

Summary: Author discusses the recent migration of doctors - in particular psychiatrists - from developing nations to the UK. He claims on the one hand that "no country has any right to prevent their health workers from migrating" until certain conditions, like social unrest and corruption, are ameliorated. But he also claims that "developed countries [should] pay compensation to the source countries for their loss of trained personnel, invest in enhancing training and skills development in the countries exporting skilled doctors and follow the Commonwealth Code of Practice for the International Recruitment of Health Workers." Apparently the Commonwealth Code could be very helpful if its spirit were better followed.

Reviewer: Sarah Lieber

Title: Belgian parents are sentenced to prison for not vaccinating children

First Author: Ned Stafford

Citation: British Medical Journal 2008; 336: 348-348

Summary: -In Belgium, it is compulsary for children to be vaccinated for polio. Two sets of parents who refused to have their children vaccinated against polio were convicted earlier this month. Each parent was fined 5500euros (£4100; $8000) and sentenced to five months in prison.
-Issue: individual/parent liberties to decide what is in best interests of children vs. public health authority

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Reviewer: Persad

Title: Balancing urgency, age and quality of life in organ allocation decisions—what would you do?: a survey

First Author: Stahl, JE

Citation: British Medical Journal 2008; 34: 109-115

Summary: (Really from J Med Ethics)

People seem to care about multiple factors when allocating organs. This may suggest that a good allocation system should recognize multiple relevant factors. In particular, urgency ("sickest-first") should not be the only or the lexically prior ground for allocation decisions.

Reviewer: Sarah Lieber

Title: Commercialisation of health care in US distorts resource allocation, expert says

First Author: David Spurgeon

Citation: British Medical Journal 2008; 336: 349-349

Summary: - Reviews a recent NEJM article which claims: "the failure of the United States to contain medical costs, which now exceed $2.1 trillion a year...results primarily from the unique and pervasive commercialisation of the sector"
-what raises costs and distorts resource allocation are "the dominance of for-profit insurance and pharmaceutical companies, a new wave of investor-owned specialty hospitals, and profit-maximising behaviour even by nonprofit players."
-Bottom line? We need to move from private --> to national health care system (shocker):
-"A comprehensive national system is far better able to match resources to needs and would save huge sums that are currently wasted in the US on administration, billing, marketing, profit, executive compensation, and risk selection"

Reviewer: Sarah Lieber

Title: Industry's push to woo nurse prescribers has been at "expense of nursing integrity"

First Author: Michael Day

Citation: British Medical Journal 2008; 336: 352-352

Summary: -Recent report on Plos notes "that nurses now have greater power to choose products and services and to influence choices made by doctors and other clinical colleagues"
-Result? Drug industry now targetting nursing population
-Authors of report did a literature review of nursing journals, etc to investigate the industry's relationship with the nursing press (to see if a lot of the same techniques used for patients and Drs are also used here)
-The authors of the PLoS article conclude that the industry's push to woo nurse prescribers "has been at the expense of the health budget, evidence-based care, and nursing integrity."

Reviewer: Sarah Lieber

Title: Intensive glucose lowering arm of diabetes trial is stopped after excess deaths

First Author: Susan Mayor

Citation: British Medical Journal 2008; 336: 407-407

Summary: -NHLBI has stopped the intensive glucose lowering arm of a major trial in type 2 diabetes after more patients died than in the standard treatment group.
-The action to control cardiovascular risk in diabetes (ACCORD) study "involved 10 251 adults aged 40-82 years with type 2 diabetes who had two or more additional risk factors for heart disease or who already had a diagnosis of heart disease."
-They were randomised to intensive glucose lowering treatment or standard treatment
-Problem: A total of 257 patients died in the intensive treatment arm over an average of four years of treatment, whereas 203 in the standard treatment group died. Still unclear what was the cause of the deaths, but it seems to be because the group received intense treatments overall

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Reviewer: Persad

Title: On the argument that enhancement is "cheating"

First Author: Schermer, M

Citation: British Medical Journal 2008; 34: 85-88

Summary: (Really from J Med Ethics)

It is claimed by some that enhancements constitute "cheating." The author analyzes this claim particularly by reference to the "internal goods" of a practice.

Reviewer: Sarah Lieber

Title: More than half of Ugandan AIDS patients don't get the drugs they need

First Author: Henry Wasswa

Citation: British Medical Journal 2008; 336: 348-349

Summary: -"The number of Ugandans with AIDS who are being treated with antiretroviral drugs is now 110 000, but health authorities say that more than twice that number should be receiving them."
- 5 year pilot program began in June 2004 to distribute free generic antiretrovirals (funded by the UN Global Fund to Fight AIDS, Tuberculosis, and Malaria and by the US government, which pledged $15bn)
- Now Uganda want to launch a multimillion dollar national strategic plan, which will run to 2012, to increase the number of patients taking antiretrovirals and to reduce the number of new HIV infections.
- goals include increasing funding from the $263m that was available in 2007 to $361m in 2012.
- how to do this? No one knows..

Reviewer: Sachs, Ben

Title: Study shows effect on life expectancy of greater spending on treatment

First Author: Dobson R

Citation: British Medical Journal 2007; 336: 36-36

Summary: A new study in the Journal of Health Economics shows that in the National Health Service a year of extra life for a cancer patient comes at a cost of $25,700 and a year of extra life for a circulatory disease patient costs $15,800. '"These results challenge the widely held view that healthcare spending has little marginal impact on health,' said Peter Smith, one of the authors, from the Centre for Health Economics at the University of York. 'Our estimates suggest that, relative to received wisdom, the marginal cost of a life year saved is quite low.'"

Reviewer: Sachs, Ben

Title: Financial ties and concordance between results and conclusions in meta-analyses: retrospective cohort study

First Author: Yank, Veronica

Citation: British Medical Journal 2007; 335: 1202-1202

Summary: The objective of this study was to determine "whether financial ties to one drug company are associated with favourable results or conclusions in meta-analyses on antihypertensive drugs." The distinction between results and conclusions is important here. The results are, essentially, the statistics that the computer spits out, while the conclusions are the humanly-imposed interpretationa of those statistics. What the authors found is that industry funding had no effect on results, but had a profound effect on concusions. Industry-sponsored researchers are likely to put a positive spin on neutral data, while independent researchers, in general, don't spin the data at all.

Reviewer: Persad

Title: Informed consent in Ghana: what do participants really understand?

First Author: Hill, Z

Citation: British Medical Journal 2008; 34: 48-53

Summary: (Really from J Med Ethics)

Women in Ghana seem to understand the effects of the active drug in a placebo controlled trial, but not to understand very well that they may be receiving placebo. Some fieldworkers providing the intervention also did not seem to understand placebo. More intensive re-education activities seemed to improve the understanding that the trial was placebo controlled.

Reviewer: Persad

Title: Against the principle that the individual shall have priority over science

First Author: Helgesson, G

Citation: British Medical Journal 2008; 34: 54-56

Summary: (Really from J Med Ethics)

Many guidelines for research ethics seem to assume without much explanation or justification that the interests of "individuals" must take priority over those of "society." The authors challenge this claim and conclude that "As it stands, the primacy principle does not seem to say anything distinct; rather it seems to be a vacuous figure of speech. Nevertheless, it keeps getting included in guidelines, perhaps because cutting it out would seem too provocative."

Reviewer: Sarah Lieber

Title: Indian doctors hope kidney scandal will spur cadaver donation programme

First Author: Ganapati Mudur

Citation: British Medical Journal 2008; 336: 413-413

Summary: - Issue: organ transplantation and using incentives
- in response to criticisms about illegal kidney transplantations, India's health ministry, "has announced plans to promote donations from cadavers. It will allow more hospitals to harvest organs from brain stem dead patients and offer incentives to relatives of dead donors."
-India outlawed trade in human organs in 1994, but transplantation surgeons have said that organ sales have persisted because of a shortage of cadaver donors
-"Doctors estimate that fewer than 1200 cadaver organs have been donated in India since the act banned the organ trade and defined brain death to facilitate cadaver transplantation. About 3000 kidney transplantations and some 150 liver transplantations are carried out each year, most of them involving organs from live, related donors."

Reviewer: Sarah Lieber

Title: Gynaecologist is suspected of performing dozens of unnecessary oophorectomies

First Author: Owen Dyer

Citation: British Medical Journal 2008; 336: 413-413

Summary: -Ireland's worst case of medical misconduct
-obstetrician and gynaecologist Michael Neary carried out 188 peripartum hysterectomies; "an average consultant obstetrician would perform about five or six such operations in an entire career."
- postoperative examination of the tissue proved that that diagnosis was false or exaggerated. Oophorectomy is justified "only in the most severe cases" of endometriosis, the British doctors note, adding that Dr Neary misled many patients into believing that endometriosis is a premalignant condition.
- Dr Neary has never faced criminal prosecution (because of the difficulty of showing intent to harm) but has been sued by one woman
- new report finds: "The incorrect diagnoses must have become apparent at the operation...yet faced with the facts at the time of surgery he continued in very many cases to deprive women of their reproductive organs and their own sex hormones."

Reviewer: Sachs, Ben

Title: Influence of pharmaceutical funding on the conclusions of meta-analyses

First Author: Epstein, Richard

Citation: British Medical Journal 2007; 335: 1167-1167

Summary: In this comment on the Yank et al study (see this issue of BMJ), University of Chicago law professor Richard Epstein advocates a conservative response to the bias that Yank revealed. We could, he concedes, respond by prohibiting private industry from directly sponsoring clinical studies. This would probably improve the quality of clinical research, but would also reduce the quantity. Since Yank's study indicates that the results of meta-analyses sponsored by industry are unbiased, and the results themselves are publicly available, there is a way around the problem of biased conclusions: we can draw our own conclusions from the results.

Reviewer: Sachs, Ben

Title: Is infant male circumcision an abuse of the rights of the child? Yes

First Author: Hinchley, Geoff

Citation: British Medical Journal 2007; 335: 1180-1180

Summary: Hinchley, an "accident and emergency consultant" (whatever that means), argues that infant male circumcision is painful, dangerous and reduces penile sensitivity. He concedes that it might lower the risk of contracting AIDS, but since that risk presents itself later in life, there is no need to circumcise infants. As to the claims for freedom to practice one's cultural and religious traditions, Hinchley points out that such considerations eventually took a backseat to health concerns in the case of female circumcision. Therefore, he concludes, they ought to take a backseat in the case of male circumcision.

Reviewer: Sarah Lieber

Title: Four deaths and 350 adverse events lead to US recall of heparin

First Author: anice Hopkins Tanne

Citation: British Medical Journal 2008; 336: 412-413

Summary: - Issue: drug regulation and safety (especially with international production sites of drugs)
-"Baxter Healthcare Corporation, which provides half the supply of heparin in the United States, recalled multidose vials of heparin sodium last month after four deaths and 350 reports of adverse events, 40% of which were serious."
- NYT reported that a manufacturing facility in China, Changzhou SPL, which produced the ingredient for heparin, does not have a Chinese drug licence, although it has not been accused of providing a harmful product; the plant has no drug certification, so the Chinese drug agency did not inspect it, and the FDA said it had not inspected the plant either, "a violation of its own policy."

Reviewer: Sachs, Ben

Title: Is infant male circumcision an abuse of the rights of the child? No

First Author: Patrick, Kirsten

Citation: British Medical Journal 2007; 335: 1181-1181

Summary: Patrick, a former Roger Robinson editorial registrar, argues that infant male circumcision isn't particularly risky when performed by a competent person and isn't particulalrly painful when performed under anesthesia. Furthermore, it has protective effects with respect to various STIs. (With regard to penile sensitivity, Patrick says nothing.) Therefore, Patrick argues, male infant circumcision is just as legitimate as immunization.

Reviewer: Sarah Lieber

Title: South African drug companies are found guilty of price fixing

First Author: Pat Sidley

Citation: British Medical Journal 2008; 336: 413-413

Summary: -Issue: corruption in drug marketing in Africa
-Four South African drug manufacturers have been found "to have colluded in fixing bids for the supply of products to the tender system through which the state buys drugs for its hospitals and healthcare services."
-Basic Facts on system: "South Africa's public healthcare system buys drugs through a public tender system. But a large share of spending on drugs and thus profitability for companies occurs in the private healthcare system, where prices are largely governed by a market dominated by health insurers and private hospitals, supposedly regulated by the Medicines and Related Substances Control Act. This act, although incomplete in some of its regulatory details, has the power to ensure that drug prices are set and cannot be changed through discounts or other marketing devices previously used by drug companies. This should, in theory, prevent anticompetitive behaviour in the market."
-these companies appealed to private hospitals and engaged in conduct that avoided compentition in order to fix prices of products

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Health Affairs

Reviewer: Lev

Title: Happiness And Health: Lessons—And Questions—For Public Policy

First Author: Graham Carol

Citation: Health Affairs 2008; 27: 72-87

Summary: This paper reviews the happiness-health relationship from an economics perspective, highlighting the role of adaptation.

JAMA

Reviewer: CO

Title: The Cost-Coverage Trade-off: "It's Health Care Costs, Stupid"

First Author: Emanuel, Ezekiel J.

Citation: JAMA 2008; 299: 947-949

Summary: Health care reform tends to focus on the problem of the uninsured, but should really focus on the problem of health care costs. Health care costs drive premiums up and this increases the number of uninsured, among other things. So unless health care costs are contained, universal coverage will be, at best, short-lived.

Reviewer: CO
Title: Health Care as if Health Mattered
First Author: Frieden, T.R., Motashari, F.
Citation: JAMA 2008; 299: 950-952
Summary: Electronic Health Records help improve health care system performance, but only if they are used for preventive purposes--to remind patients of appointments, to keep track of who has what conditions, to remind doctors to take preventive action and when, etc.

Journal of Clinical Ethics

Reviewer: Sarah Lieber
Title: Commentary on "Beyond Schiavo": Beyond Theory
First Author: Nancy Neveloff Dubler
Citation: Journal of Clinical Ethics 2008; 18: 346-349
Summary: -Main Idea: the practice of mediation, al alternative to the practice of ethics consultation, gives greater moral weight to family cohesion; author thinks this practice allows for understanding better the depth and intricacy of family relationships
-Issue of how to balance different goals of respecting patient's autonomy/patient best interests model vs. maintaining family cohesion/family best interest model
-Patients might make medical decisions based on how it will help their family; and this is an important feature of decision making that needs to be respected.

Reviewer: Sarah Lieber
Title: Beyond Schiavo
First Author: Arthur L. Caplan and Edward J. Bergman
Citation: Journal of Clinical Ethics 2008; 18: 340-345
Summary: -Authors criticize the ethics consultation process claiming that it is flawed; suggest that in selected cases, careproviders should seek mediation rather than ethics consultation.
-Main idea: ethical reasoning often can't produce a single best answer, and when this is the case, family members, not careproviders should make the decisions entirely because their interests are much more at stake
-Argument: careproviders should refer family members to mediators who will assist them in developing and implementing a decision that is based on their own views. This is preferable to ethics consult people imposing their views on others.

Reviewer: Sarah Lieber
Title: Mediation and Moral Aporia
First Author: Autumn Fiester
Citation: Journal of Clinical Ethics 2008; 18: 355-357
Summary: -recent national survey data reports that 46% of the ethics consult services surveyed respond to requests for consultations with a single recommendation, and that nearly hald of the surveyed services reach a recommendation via vote
-problem: often times, there is no single, self-evident, right resolution to the case.
-consult services should not "claim moral authority when there is none"; therefore, patients' families, not consult services, should make the decisions.

Reviewer: Sarah Lieber

Title: How Much Emotion Is Enough?

First Author: Annie Janvier

Citation: Journal of Clinical Ethics 2008; 18: 362-365

Summary: -are rational thoughtful decisions (what we deem necessary for valid informed consent), possible under stressful situations in which individuals have to make tough decisions for family members?
-issue: "when emotions are discussed in the informed-consent process, they are often thought to negatively influence competence."
-main point: "even when one is maximally well informed, such decisions should not, in my mind, be approached only rationally—and cannot be. Most of the important decisions we make in life are not made in a cold-blooded, rational fashion…"
-there are a series of articles in response to this one on the role of emotions such as love, fear, and hope in decision-making.

Reviewer: Sarah Lieber

Title: Let's Value, But Not Idealize, Emotions

First Author: Jodi Halpern

Citation: Journal of Clinical Ethics 2008; 18: 380-383

Summary: - an interesting look at the role emotions place with appeal to feminist philosophy
- main point: "detached reason is morally insufficient… our emotional views, as argued in feminist philosophy, are essential for perceiving moral salience. They help us notice and then focus on the attachments and vulnerabilities that are most important to us. When people become emotionally detached, they also become impaired in perceiving the suffering of others."
-discusses "emotional intuition" and how they can be used to assess quality of life.

Reviewer: Sarah Lieber

Title: Cases and Commentary- Jewish Law and End-of-Life Decision Making: A Case Report

First Author: Craig D. Blinderman

Citation: Journal of Clinical Ethics 2008; 18: 384-390

Summary: -Case of patient choosing one daughter over another to be surrogate decision-maker.
-One daughter wants aggressive care stopped while the other (the actual proxy) wants all treatments to be continued as consistent with her Orthodox Jewish beliefs (which differ from her sister's secular Jewish beliefs)
-Issue: conflicts at the end of life (in surrogate decision making) that drive family members apart (destroy family cohesion), and go against what patient would've wanted for his/her family.
-Problem of additional stress, family rifts, etc. being created because one daughter has all the authority; negative effects of these surrogate decision making practices on family at large and in future.
-Series of article following this one: further discuss the relationship between surrogate responsibilities and religious concerns

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Reviewer: Sarah Lieber

Title: The Case of Mr. A.B.

First Author: Peter Sloane and Evan G. DeRenzo

Citation: Journal of Clinical Ethics 2008; 18: 399-401

Summary: -issue: whether to withhold information about the death of a family member to a patient who is about to undergo a serious medical procedure (coronary artery bypass graft (CABG) surgery)
-case summary: patient is a 70 yr old man with heart problems; family informs medical team that the patient's daughter has died unexpectedly the morning he is supposed to undergo CABG surgery. Family requests that news of daughter's death be delayed until after the patient's recovery from surgery
-does medical staff keep information from patient (and honor family's wishes) out of best medical interests of patient?
-Ensuing article comments on this case

Reviewer: Sarah Lieber

Title: At the Bedside: When Family Members Disagree

First Author: Edmund G. Howe

Citation: Journal of Clinical Ethics 2007; 18: 331-339

Summary: -looking at the issue of when family members (individuals who are emotionally involved in a patient's outcome) have to make tough decisions for patients about treatment, ending lives, etc.
-"siblings and other family members all too often lose their love for each other when a loved one is severely ill, and they must make a decision, but they disagree over what should be done"
- looks at how these decisions affect families in future leading to lifelong rifts, strain on relationship, destruction of family cohesion
-discusses techniques careproviders can use to help families in not only making tough decision for patients, but also avoiding lifelong detrimental repercussions on family relationships etc.
-emphasis on what care providers should do to enhance family members' cohesion and decision making.

Reviewer: Sarah Lieber

Title: Hope, Uncertainty, and Lacking Mechanisms

First Author: Norman Quist

Citation: Journal of Clinical Ethics 2008; 18: 357-361

Summary: -another article that further discusses why we should use mediation
-discusses the further issue of "hope of consensual resolution" that takes place in end-of-life decision making and any kind of decision making involving surrogates.

Reviewer: Sarah Lieber

Title: Law: Legal Trends in Bioethics

First Author: Sigrid Fry-Revere

Citation: Journal of Clinical Ethics 2008; 18: 404-424

Summary: -overall trend: legislative developments have slowed b/c many states are either at the middle or end of their legislative sessions and Congress is all but deadlocked.
-Reproductive rights: we see a real tension b/w legislative action and court action. Earlier this year, many state legislative dockets were filled with laws intended to restrict abortion right and some of them passed, but others languishing. Supreme court decision of Gonzales v. Carhart was blow to abortion rights advocates (from summer). There hasn't been one court case since fall issue that has seen a right to life victory
-Health care reform: legislation to mandate vaccination for HPV has died
-FDA Accountability: new passage of FDA Amendments Act of 2007 greatly increases the authority of U.S. FDA to oversee and regulate the drug and device development processes. The law also creates a mandatory registry for clinical trials and stricter conflict of interest rules for the FDA advisory boards that oversee drug approval and review.
-Organ and tissue procurement: Uniform Anatomical Gift Act of 2006 (passed by National Conference of State Legislatures) has been updated: one of the most significant changes was the adoption of first-person consent, meaning that family members do NOT have the authority to override a deceased patient's known wishes with respect to organ donation. 19 states passed the act.
-These were the bigger legal issues that arose this quarter but refer to journal for more state and federal info (and international developments) on the following topics: pre-birth (sex, fertility, contraception, abortion, fetuses, embryos and stem cells), after birth (premature infants, newborns and children), healthcare coverage, vaccines, organ and tissue procurement, informed consent, unconventional treatment, life and death decisions, right to access and control medical info, HIV, conscientious objections, mental health, and new technologies.

Journal of General Internal Medicine

Reviewer: Abdoler

Title: Why Oregon Patients Request Assisted Death: Family Members' Views

First Author: Ganzini, L

Citation: Journal of General Internal Medicine 2008; 23: 154-157

Summary: In this cross-sectional survey study, the authors asked family members of patients who had asked for physician-assisted death (PAD) under Oregon's Death with Dignity Act to report the patient's reasons for deciding to make the request. The family members, who had maintained close contact with the patient during at least the last month of the patient's life, rated (on a 1-5 ascending scale) the importance of 28 different reasons for the patient's decision to request PAD; the survey respondents also described the most important reason for the patient's decision. The authors found that the reasons receiving the highest average score (4.5+) were related to issues of current or future loss of control, quality of life, and dignity; the family members also reported that PAD requests were motivated more by fear of future pain/discomfort than by any pain/discomfort they were experiencing at the time. Depression, finances, and lack of social support received low average ratings, although the authors note that family members may be more likely to underrate such reasons. The majority of respondents (22) listed a desire to control their own death as the most important reasons their loved ones requested PAD.

Reviewer: Abdoler

Title: The Impact of Expressions of Treatment Efficacy and Out-of-pocket Expenses on Patient and Physician Interest in Osteoporosis Treatment: Implications for Pay-for-performance Programs

First Author: Sinsky, C. A.

Citation: Journal of General Internal Medicine 2008; 23: 164-168

Summary: In this study, the authors sought to determine whether the manner in which the efficacy of osteoporosis treatment is presented (and the out-of-pocket patient cost of the tratment) has an effect on physician and patient adherence to Clinical Practice Guidelines (CGP) through a randomized survey study. Patients and physicians received short surveys that presented them with scenarios in which the efficacy of osteoporosis medication was presented in either relative (RRR) or absolute (ARR) terms. The authors found that presenting the drug benefit in absolute terms reduced both patient and physician compliance with CPGs, with no significant difference in compliance between the patient or physician groups. The authors also found that raising the out-of-pocket patient costs of the treatment by 10% significantly lowered patient compliance with CPGs but had no effect on physician compliance with CPGs.

Journal of Law, Medicine and Ethics

Reviewer: CO

Title: The Current State of Medical School Education in Bioethics, Health Law, and Health Economics

First Author: Persad, Govind C.; Elder, Linden; Flores, Leonardo

Citation: Journal of Law, Medicine and Ethics 2008; 36: 89-94

Summary: Training in bioethics, health law, and health econ is becoming increasingly important for doctors, but med schools are not offering much of it or much of it that's any good. They recommend that bioethics be taught during clinical rotations because that's when 'teachable moments' occur, and that the qualification requirements for teachers in these areas be strengthened.

Reviewer: CO

Title: What is Medical Ethics Consultation?

First Author: Scofield, Giles R.

Citation: Journal of Law, Medicine and Ethics 2008; 36: 95-118

Summary: He complains that nobody knows what it is that medical ethicists are supposed to know, what kinds of training they are supposed to have, and what it is they are supposed to do. The field has resisted pressure to professionalize and to formalize standards, so it all remains very mysterious.

Reviewer: CO

Title: Religions and Cultures of East and West: Perspectives on Bioethics

First Author: Sade, Robert M., ed.

Citation: Journal of Law, Medicine and Ethics 2008; 36: 7-72

Summary: A series of articles covering Jewish, Chinese, Christian, Hindu, Islamic, and Japanese perspectives on enhancements, etc. The most interesting perspective on bioethics belongs to the Hindus. There is no Hindu bioethics. That's because Hindus regard medicine as an "inappropriate and impure profession."

Journal of Medicine and Philosophy

Reviewer: Sachs, Ben

Title: Can It be A Good Thing to be Deaf?

First Author: Cooper, Rachel

Citation: Journal of Medicine and Philosophy 2007; 32: 563-583

Summary: This is a solid beginning to a debate that few, if any philosophers have contributed to. Cooper does a nice job clearing the space for the debate, arguing that, yes, non-deaf people should be allowed to talk about whether it can be a good thing to be deaf and, no, whether it's a good thing to be deaf is not a completely subjective matter. As to the supposed benefits and burdens of deafness (specifically, congenital deafness), Cooper focuses on the differences in which qualia can be experienced, differences in the richness of sign languages as opposed to verbal ones, and differences in the number of people with which deaf and non-deaf people can, respectively, communicate. On none of these three counts is there a clear winner (i.e., being deaf or not being deaf). To a certain extent this is because the empirical evidence isn't in yet, but to a greater extent it's because of individual variations in tastes, goals and values. Therefore, even after all the evidence is in, the fact will remain that for some people being deaf is a good thing, and for some it's a bad thing.

Reviewer: Sachs, Ben

Title: The Potential of the Human Embryo

First Author: Brown, Mark T.

Citation: Journal of Medicine and Philosophy 2007; 32: 585-618

Summary: The particular kinds of human embryos in question here are "pre-gastrulation" embryos--embryos whose cells have not yet begun to differentiate. The question is whether they have the same moral status as you and I--an important question in light of stem cell research. There are three main theories of this kind of moral status: personhood theory, human being theory, and potential personhood theory. Brown discards the first two rather quickly; embryos obviously aren't persons and human being theory is simply a bad theory of moral status. The article therefore focuses on the third of these theories, attempting to address whether embryos are indeed potential persons.

For Brown, potential person theory successfully confers moral status on embryos if and only if the embryo

a) has the potential to develop the properties of personhood (specifically, the ones that confer moral status),

b) has this potentially actively (that is, the change from potential to actual is primarily determined from within the embryo)

c) can exercise this potential in an identity-preserving way (that is, the change from potential to actual doesn't terminate the original thing)

Brown believes that conditions b and c aren't met. Regarding b, Brown points out that the pre-gastrulation embryo does not control its own change into a post-gastrulation embryo; the ovular cytoplasm and maternal genes do. Regarding c, Brown makes the familiar objection that monozygotic twinning undermines the claim that the blastocyst is a biological individual.

Reviewer: Sachs, Ben

Title: On A Bioethical Challenge to Disability Rights

First Author: Amundsen, Ron

Citation: Journal of Medicine and Philosophy 2007; 32: 541-561

Summary: This article is a response to the arguments, drawn from the 2000 book From Chance to Choice (FCC), opposing the claims of the radical disability rights movement. The authors of FCC think that they support (non-radical) disability rights, but Amundson and Tresky believe that

a) What FCC takes to be the claims of the radical disability rights movements are actually claims that no one in the disability rights (DR) movement (any branch of it) ever makes, and

b) FCC's claim to support non-radical DR is disingenuous; FCC supports nothing for which DR members advocate

I think Amundson and Tresky succeed in demonstrating the truth of both a and b. However, they fail to convincingly refute FCC's best and most often-used argument against DR: the "maximizing interest" argument.

Lancet

Reviewer: Millum

Title: The dilemma of data-safety monitoring: provision of significant new data to research participants

First Author: Jeffery Peppercorn et al

Citation: Lancet 2008; 371: 527-529

Summary: As a trial progresses, new information about the risk profile of a drug may come to light that might be relevant to whether participants' would choose to remain in a trial. The authors consider when a data-monitoring committee should disclose new information to participants, and when it ought to halt an on-going trial.

Reviewer: Millum

Title: Tobacco smoking, harm reduction, and nicotine product regulation

First Author: John Britton

Citation: Lancet 2008; 371: 441-445

Summary: The regulation of nicotine products should be rationalized so that they are promoted or restricted in proportion to their harmfulness. This would mean encouraging the development of medicinal nicotine products that could provide long-term substitutes for smoking, and promoting the use of smokeless tobacco products over smoked tobacco.

Reviewer: Millum

Title: Drug company trials come under increasing scrutiny

First Author: Samuel Loewenberg

Citation: Lancet 2008; 371: 191-192

Summary: News report on problems with drug company trials that are outsourced to developing countries. The EU and USA regulatory agencies are unable to oversee trials overseas, and local research ethics committees are often inadequate.

Reviewer: Schulz-Baldes

Title: The ethics of passer-by diagnosis

First Author: Mitchell EW

Citation: Lancet 2008; 371: 85-87

Summary: Fun short article on the permissibility of making passer-by diagnosis, i.e. giving medical advice to a person who has not approached the physician for advice, but displays signs of disease or utters complaints of symptoms. Argues that it can be permissible to make passer-by diagnosis, but that permissibility depends on the relationship with the person, the probably accuracy of the diagnosis, the foreseeable risks of harm to the person (offences, distress, etc.) and the urgency of being directed to medical care. Also recognizes the limits of medical practice – if physicians were out there counseling everyone on everything, i.e. smoke cessation, they wouldn't have enough time to see their patients.

Reviewer: Schulz-Baldes

Title: Paediatric palliative care: challenges and emerging ideas

First Author: Liben S

Citation: Lancet 2008; 371: 852-864

Summary: Nice review of the current state of the art and open questions, relating in particular to involving children in end-of-life decision making.

Reviewer: Schulz-Baldes

Title: Should active recruitment of health workers from sub-Saharan Africa be viewed as a crime?

First Author: Mills EJ

Citation: Lancet 2008; 371: 685-688

Summary: Claims that active recruitment of health workers from African countries should be viewed as an international crime. "Arguments" include: (1) Recruitment creates "social alarm" and therefore fulfils one of the International Criminal Court's criteria for international crime; (2) Recruitment violates the human right to health; (3) recruitment exploits workforces in poorer countries. Does not adequately consider health workers' rights, e.g. of freedom of movement. Calls for regulation (probably prohibition) of recruitment companies and better compensation for resource-poor countries.

Reviewer: Schulz-Baldes

Title: In-vivo skills and UK competitiveness in biomedical sciences

First Author: Page C

Citation: Lancet 2008; 371: 708-709

Summary: Laments decrease in scientists trained in in-vivo skills, particularly in pharmacology, physiology, and toxicology and the danger of not being able to transform of laboratory-based discoveries into clinical benefit.

Reviewer: Schulz-Baldes

Title: Role of cash in conditional cash transfer programmes for child health, growth, and development: an analysis of Mexico's Oportunidades

First Author: Fernald CH

Citation: Lancet 2008; 371: 828-837

Summary: Evaluates the impact of conditional cash transfer programs (CCT) for poor Mexican families and shows independent effect of cash transfer component. In families in the program, more cash transfer was associated with better growth, health and improved cognitive language, and motor development in children. Those outcomes could have come from increased purchasing power or better care and support of children from the improved wellbeing of family members, or both.

Reviewer: Schulz-Baldes

Title: Finding solutions to the human resources for health crisis

First Author: editorial

Citation: Lancet 2008; 371: 623-623

Summary: Editorial pointing to a set of interesting articles in this issue devoted to “brain drain” of health care professionals from the South. If you want to find out about the evidence for existing policy options or incomes of health workers in sub-Saharan Africa, this issue is a good source.

New England Journal of Medicine

Reviewer: Smith

Title: The Proxy War – SCHIP and the Government’s Role in Health Care Reform

First Author: Rosenbaum, Sara

Citation: New England Journal of Medicine 2008; 358: 869-872

Summary: Author paints the SCHIP battle of last fall as a “proxy war” concerning the government’s role in health care. In light of the fact that SCHIP was designed to fulfill the President’s mandate to “put poor children first,” the author asks us to wonder why the President would veto such a bill. She then shows how the battle was an ideological issue over the architecture used to regulate the market as a proxy for more global reform.

Reviewer: Smith

Title: Book Review -- "Broken Justice: A True Story of Race, Sex and Revenge in a Boston Courtroom" by Kenneth Edelin

First Author: Kass, Rudolph

Citation: New England Journal of Medicine 2008; 358: 861-862

Summary: The author reviews a book by Edelin, which recounts him being tried and convicted of manslaughter in Boston shortly after Roe and Doe v. Bolton. Edelin was a chief resident in obstetrics at the time, and performed an abortion, which led to a conviction followed by an acquittal on appeal. Edelin, who is black, was tried by a white jury in Boston, which at the time had a background of Irish Catholic antiabortion movement. The book recounts various prejudices, vendettas, and manipulations involved in the author's conviction.

Reviewer: Smith

Title: Learning from Failure in Health Care Reform

First Author: Relman, Arnold S.

Citation: New England Journal of Medicine 2008; 358: 856-857

Summary: The author comments on a NEJM Perspective by Oberlander (Oct. 25, 2007). He sees Oberlander's assessment at the prospects of health care reform as "too bleak" in light of the changing political climate in which health care costs are rising, payers are frustrated, and the medical profession supports reform.

Reviewer: Smith

Title: Scientific and Legal Viabilitiy of Follow-On Protein Drugs

First Author: Dudzinski, DM

Citation: New England Journal of Medicine 2008; 358: 843-849

Summary: Article recounts the history that explains the differences in ease with which generics for small-molecule drugs are approved as opposed to protein drugs, explaining the source of an otherwise unreasonable distinction. It also outlines some of the scientific issues involved in approval of protein drugs.

Reviewer: Smith

Title: Harming through Protection?

First Author: Baily, MA

Citation: New England Journal of Medicine 2008; 358: 768-769

Summary: Baily uses a recent Hopkins quality-improvement protocol that was criticized by OHRP for failing to get IRB review and obtain informed consent. Baily notes that the procedural changes that were implemented had been recommended by the CDC and that the protocol merely designed an intervention to increase provider's awareness and studied this interventions affect. She ultimately claims that the ambiguity that leads to such conflicting opinions of how to interpret the federal regulations demands either revision or reinterpretation of the regulations.

Reviewer: Smith
Title: Quality-Improvement Research and Informed Consent
First Author: Miller FG
Citation: New England Journal of Medicine 2008; 358: 765-767
Summary: Authors recount recent OHRP review of a Hopkins quality-improvement protocol of ICU catheterization procedures, which was deemed exempt from IRB review. The authors agree with OHRP that the study should not have been deemed exempt but rather should have been either expedited or given full IRB review. However, they dissent from the OHRP ruling that the study should have required informed consent.

Reviewer: Smith
Title: Does Preventive Care Save Money? Health Economics and the Presidential Candidates
First Author: Cohen, Joshua
Citation: New England Journal of Medicine 2008; 358: 661-663
Summary: The authors note that the presidential candidates continue to recite the claim that preventative care. They conducted a small meta-analysis to demonstrate that this often turns out not to be the case.

Reviewer: Smith
Title: Patients' Competence to Consent to Treatment
First Author: Spike, J
Citation: New England Journal of Medicine 2008; 358: 644-644
Summary: Spike attacks Appelbaum's Nov. 1 article in the Journal for its invocation of the reason standard instead of the consistency standard and for its correlating claim that psychiatric consultation provides superior assessment than that of the primary care physician. Appelbaum points out that Spike's consistency standard is hardly accepted and that his previous article noted that treating physicians have advantages in more routine cases while psych consults could be useful in more complex ones.

Reviewer: Smith
Title: Market-Based Failure – A Second Opinion on U.S. Health Care Costs
First Author: Kuttner, R
Citation: New England Journal of Medicine 2008; 358: 549-551
Summary: Kuttner recites the standard woes of market-based health care. He laments that cost-savings go towards the pocketbooks of various members of the system instead of saving health care costs and ends wondering how long the US will endure this before going to national health insurance.

PLoS Medicine

Reviewer: Persad

Title: Lifetime Medical Costs of Obesity: Prevention No Cure for Increasing Health Expenditure

First Author: van Baal, Pieter H.M.

Citation: PLoS Medicine 2008; 5: e29-e29

Summary: Some claim that preventing obesity will reduce health expenditures as well as improving public health. Authors provide empirical evidence that while preventing obesity may improve public health, it is unlikely to reduce health expenditures. This is because people who aren't obese -- especially people who live healthy lifestyles -- still get old and develop other expensive illnesses: "lifetime health expenditure was highest among healthy-living people and lowest for smokers. Obese individuals held an intermediate position"

Reviewer: Persad

Title: Why Pakistani Medical Graduates Must Remain Free to Emigrate

First Author: Aly, Z

Citation: PLoS Medicine 2008; 5: e2-e2

Summary: Two Pakistani medical trainees argue that restrictions on physician emigration from developing countries would be unjust. They suggest that many graduates go abroad to receive advanced training with the intention of returning but are deterred by dangerous home-country conditions. Authors suggest a middle-ground position on the issue. Interesting and relevant piece.

Reviewer: Persad

Title: Market Failure and the Poverty of New Drugs in Maternal Health

First Author: Fisk, NM

Citation: PLoS Medicine 2008; 5: e22-e22

Summary: No-one is developing new drugs that are explicitly approved for use during pregnancy. Why? The authors explore explanations: (1) industry fear of teratogenicity lawsuits, (2) small market size, (3) industry model, (4) weak regulation that encourages off-label prescribing. They then suggest some potential solutions

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Reviewer: Persad

Title: Soft Targets: Nurses and the Pharmaceutical Industry

First Author: Jutel, A

Citation: PLoS Medicine 2008; 5: e5-e5

Summary: Pharmaceutical companies have moved on from doctors and are now trying to get nurses to promote their products. Better training might help nurses deal with these entreaties.

Science

Reviewer: Wolitz
Title: Brazilian Scientists Battle Animal Experimentation Bans
First Author: Enserink, M.
Citation: Science 2008; 319: 1319-1319
Summary: Rio de Janeiro recently passed a ban on all animal experimentation conducted by all private companies. Scientists argue that regulating animal research should not be up to local government, but to federal.

Reviewer: Wolitz
Title: Chikungunya: No Longer a Third World Disease
First Author: Enserink, M.
Citation: Science 2007; 318: 1860-1861
Summary: "Chik" is a crippling disease of the joints, includes sever rashes, and can be fatal. This article is a prime example of why if for no other reason than self-interest, developed countries should take an interest in diseases predominantly found in developing countries. It is also a prime example of how quickly progress can be made once resources and attention of developed world researchers are focused on a problem hitherto overlooked: "scientists have learned as much about chikungunya in the past 2 years as they have in the past 2 decades" (1860).

Reviewer: Wolitz
Title: In South Africa, XDR TB and HIV Prove a Deadly Combination
First Author: Koenig, Robert
Citation: Science 2008; 319: 894-897
Summary: Article talks about deadly XDR TB in South Africa and briefly raises the ethical question about forcing people to be quarantined.
